

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90044 031 ***150.00

DOCUMENT # F98000001447

1. Entity Name
ESSENTIAL NETWORKS CORPORATION

Principal Place of Business 8440 TRADEPORT DRIVE, STE. 108 ORLANDO FL 32827	Mailing Address 8440 TRADEPORT DRIVE, STE. 108 ORLANDO FL 32827
--	--



2. Principal Place of Business 2544 E. LAND STREET ROAD Suite, Apt. #, etc. STE 100 City & State ORLANDO, FL Zip 32824 Country USA	3. Mailing Address 2544 E. LAND STREET RD. Suite, Apt. #, etc. STE 100 City & State ORLANDO Zip 32824 Country USA
--	---

DO NOT WRITE IN THIS SPACE

4. FEI Number **54-1826795** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TORREGROSSA, TRACY
8440 TRADEPORT DRIVE, SUITE 108
ORLANDO FL 32827

7. Name and Address of New Registered Agent

Name **TRACY TORREGROSSA**
 Street Address (P.O. Box Number is Not Acceptable)
2544 E. LAND STREET RD.
 City **ORLANDO** FL Zip Code **32824**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete BRANDT, THOMAS E 12644 LAKE MARY JANE ROAD ORLANDO FL 32832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete BRANDT, BENJAMIN 13307 LAKE MARY JANE ROAD ORLANDO FL 32832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BRANDT, BENJAMIN 752 EAST MICHIGAN AVE, #110 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE **1/17/01** DAYTIME PHONE # **407-251-1400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)